

V. D. SECTION
RECOMMENDATION OF 1965 JOINT STATEMENT ON
VENEREAL DISEASE

(Reprinted from the 1965 JOINT STATEMENT ON TODAY'S VD
CONTROL PROBLEM)

The continuing rise in reported infectious venereal diseases in the United States and in other parts of the world, plus the existence of a large reservoir of unreported cases, require both the expansion and intensification of the venereal disease control program at all levels of government, and increased efforts, through research and education, to prevent and eliminate these diseases.

THEREFORE, we the undersigned recommend :

I. THAT the Congress appropriate 14 million dollars for overall VD control for fiscal year 1966, an increase of four million dollars over last year.

The additional two million dollars urged for allocation to a major expansion of research, training and education can be used most effectively to accomplish this objective by strengthening and extending the efforts of the Public Health Service with the special skills and services of voluntary health educational agencies, medical schools, schools of public health, university research centers, professional organizations, mass media communicators and such other organizations and individuals as can make a special contribution to services in these areas.

A major expansion of research efforts to find an immunizing agent for syphilis and to develop laboratory methods for gonorrhea control should be initiated through contracts with University and other research centers. This is essential in view of the increasing incidence of infectious syphilis and gonorrhea and the difficulties of controlling and reducing them by present methods.

Adequate training for medical students, interns and residents in medical schools and teaching hospitals in the diagnosis and management of the venereal diseases can best be assured by contracts with these schools and hospitals so that adequate training instructors will be available. Concurrently, the availability of adequate clinical material for teaching purposes should be assured by contracts with health departments. Highest priority should be given to this training program in order to reverse the trend toward progressive inadequacy in this field.

Major expansion of VD education for the public, and particularly for young people, can be accomplished only through the involvement of professional mass media communicators. VD education for children in school can be expanded only by the provision and wide distribution of appropriate materials, and by workshops and special courses being made available for the preparation of teachers in this complex subject matter. Contracts with voluntary health and educational agencies, schools and public health departments represent the most effective way of implementing this program.

The expansion of behavioral science research so that this discipline can make its potential contribution to the control and eradication of the venereal diseases can best be accomplished by contracts with university research centers and with public and private health agencies.

II. THAT the responsibilities accepted by the American Medical Association, the American Osteopathic Association and the National Medical Association in the control of the venereal diseases, as expressed to actions of their official bodies during 1964, be implemented as rapidly as possible to the end that, in co-operation with official health agencies, private physicians be brought into the control program more effectively by securing adequate reporting and epidemiological investigation of their cases. This deserves the highest priority because of the convincing evidence that the majority of infectious cases of syphilis are now being treated by private physicians rather than public clinics.

III. THAT national, state and local civic and professional groups follow the example of the National Congress of Parents and teachers in taking formal action on an expression of their policy toward strengthening health education programs in venereal disease, particularly for youth.

Such action would help to create a climate in which VD education would be accepted in appropriate health courses in school curricula.

IV. THAT the Public Health Service and state and local health departments continue to carry out, expand and intensify program activities recommended by the Surgeon General's Task Force on Syphilis Control—particularly, personal visits and assistance to private physicians, complete epidemiology on all reported early cases of syphilis, and intensive venereal disease education of the public.

V. THAT state and city legislative bodies enact appropriate laws requiring that all laboratories (public private, hospital and blood banks) report all positive serologic specimens by name to the health department to provide information which will insure that all persons suspected of having syphilis are followed through to a medical clarification as to whether they do or do not have syphilis.

VI. THAT epidemiologic (preventive) treatment be administered to all adequately identified sex contacts exposed to infectious syphilis who are clinically and serologically negative on initial examination.

It has been demonstrated that without epidemiologic treatment, syphilis chains of infection will continue unabated for an indefinite period of time.

VII. THAT the Joint Commission on Hospital Accreditation reconsider the reinstatement of serological tests for syphilis on all routine hospital admissions as an accrediting factor.

VIII. THAT, since increases in the venereal diseases constitute a world-problem, and since VD "knows no boundaries," full co-operation be extended to other nations and to international program and planning organizations: World Health Organization, United Nations Children's Fund, International Union Against the Venereal Diseases and the Treponematoses, and other international bodies working in this field.—Social Health News, Vol. 40, No. 3, March '65.